THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir. At an estimated prevalence rate of 0.36%, it is presumed that there are 2 million to 3.1 million person infected with HIV in the country.

(c) Government of India has launched the National AIDS Control Programme Phase III, with the goal to halt and reverse the epidemic in the country over the next 5 years by integrating programmes for prevention, care, support and treatment. This will be achieved through a four-pronged strategy:

1. Prevention of new infections in high risk groups and general population.
2. Providing care, support and treatment to PLHAs.
3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national levels.
4. Strengthening the nationwide Strategic Information Management System.

Trauma centre in AIIMS

673. SHRI S.M. LALJAN BASHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Jai Prakash Narayan Trauma Centre has been opened at AIIMS, New Delhi recently;

(b) if so, the fixed cost thereof;

(c) what is the recurring cost thereof;

(d) whether AIIMS has contracted the NHAI to inform them to rush road accident victims to this Trauma Centre; and

(e) if so, the details of steps taken to popularize this Trauma Centre?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) The total revised cost approved for the Jai Prakash Narayan Trauma Centre was Rs. 138.53 crores including the running cost during Tenth Five Year Plan Period. The AIIMS has reported that the running cost including manpower/consumables, maintenance etc. would be Rs. 23.84 crores per annum. The Centre has become only partially functional at AIIMS on 27.11.2006 and yet to be commissioned fully. The AIIMS would inform NHAI to rush the road accident victims to the Trauma Centre, once the Centre is fully commissioned and required manpower recruited.

Shortage of blood bottles

674. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is an acute shortage of supplying blood bottles at various major hospitals in the country;

(b) if so, Government's response thereto;

(c) whether it is also a fact that the shortage of blood is an artificial one created by vested interests;

(d) if so, Government's response thereto and the details of steps taken or proposed to be taken by Government for averting such problems of blood supply; and

(e) whether Government are considering to make one window-data/national helpline system for providing required blood, so that life of patients is not harmed and get it in good time?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir. There are no reports of any acute shortage of availability of blood units in major hospitals except an occasional shortage of rare blood groups like 'O' –ve and 'B' –ve etc.

(c) and (d) There are no reports on the artificial shortage of blood, created by vested interests. The Government of India has taken following steps to check the practices which may lead to such instances and to ensure supply of blood in blood banks:

(i) Augmentation of Voluntary Blood Donation through about 45000 voluntary blood donation camps annually.

(ii) Awareness programmes to motivate the youth and thereby recruiting and retaining them as Voluntary Blood Donors.

(iii) Every year 14th June and 1st October are celebrated as World Blood Donors Day and National Voluntary Blood Donors Day to promote Voluntary Blood donation in the country.

(iv) The State Blood Transfusion Council reviews the Blood Transfusion Services in the blood banks and on receipt of any complaint of this nature, suggests action to State Drug Authority accordingly.

(e) No Sir. There is no such proposal, however, the following steps have been taken to ensure streamlining system of Blood Transfusion Services in the country:

(i) The National Blood Transfusion Council is established as a registered society to make required policy changes and put in place an action plan to ensure efficient and sustained blood transfusion service in the country.

(ii) State Blood Transfusion Councils have been established as registered societies in the States in the Medical and Health department. These societies implement the decisions taken by the National Blood Transfusion Council and oversee the implementation of various activities to ensure access of quality blood to needy patients.

(iii) The State Blood Transfusion Councils implement the voluntary blood donation programme to increase the volume of blood collection and to ensure continuous supply of blood.

(iv) Some State Blood Transfusion Councils *e.g.* Maharashtra had put in place an effective information system to track the availability and supply

of blood in various parts of the State through State Blood Transfusion Council website to monitor the availability of blood in various blood banks in the State.

Kidney problem in Goa

675. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that residents of Canacona Taluka, specially those living along the coastal and hilly areas in Goa suffer from mysterious kidney problems which has remained un-diagnosed for the last several years;

(b) whether the State of Goa has ever requested the Central Government to help them in diagnosing the problem;

(c) whether any Central agency has visited the Taluka for the purpose; and

(d) the details of the report, Government have obtained, if any, from the said agency?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) According to Indian Council of Medical Research, New Delhi the high prevalence of Kidney diseases in Canacona Taluka of Goa has been a matter of concern for the local people for the last several years. The Epidemiological Cell, Directorate of Health Services, Government of Goa approached the Council's National Institute of Occupational Health, Meghaninagar, Ahmedabad. The NIOH team visited Goa and carried out Environmental cum Biological monitoring in February, 2005. It observed that clinically the disease seems to be similar to Balkan Endemic Nephropathy (BEN) which is an environmentally acquired disease, possibly caused by mycotoxin produced by fungi in mouldy cereals and food commodities; and aromatic compounds present in the drinking water. Further conclusion can only be drawn by correlating the clinical picture biotechnical investigation of blood and urine and other pathological investigations and its correlation with environmental factors.

Vaccine for cholera

676. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Scientists in the University of Tokyo have developed a vaccine from rice to cure cholera disease;

(b) if so, the details thereof;

(c) whether the requisite quality of rice is available in India;

(d) if so, whether Government will take clue from the scientists from Tokyo to indigenously develop the vaccine; and

(e) the anticipated cost of new vaccine as compared to traditional one?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) According to Indian